

PLEASE
DO NOT
STAPLE

Statewide Payee Registration Washington State - SSPS

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

☐ **NEW REGISTRATION**

☐ **CHANGE to EXISTING REGISTRATION** – complete the **ENTIRE** form and check below what is updated:

☐ Bank Account ☐ Name ☐ Contact Information

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms

SSPS Provider Number

Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name

SSN or EIN

Mailing Address for us to send notifications or payments – PO Box or Street Address

Contact person

() - Ext.

Mailing Address – Suite or Office Number

Telephone Number for Contact Person

() -

City

State

Zip + 4

Fax Number for Contact Person

Email for us to use ONLY to send you notifications about your account

STEP 3: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution

() - Financial Institution Phone Number

Routing Number – see example at right

Account Number – see example at right

Please attach a voided check

Account Type: ☐ Checking or ☐ Savings (Checking will be used if neither box is marked.)



Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorization Name on Account (please print)

Title

SIGNATURE of Authorization Name on Account

Date

You can visit our website at www.dshs.wa.gov/ssps, click on Direct Deposit for additional information or call 360-664-6161.

SWV00 _ _ _ _ - _ _ _

STEP 4: Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification																					
1. Legal Name (as shown on your income tax return)																						
2. Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name																						
3. Check ONLY ONE box below (see W-9 instructions for additional information)																						
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> LLC filing as a sole proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> LLC filing as Partnership <input type="checkbox"/> LLC filing as S-Corp																				
<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Local Government <input type="checkbox"/> State Government																						
<input type="checkbox"/> Trust/Estate <input type="checkbox"/> Federal Government (including tribal) <input type="checkbox"/> Tax-exempt organization																						
4. If exempt from backup withholding, check here: <input type="checkbox"/> (see instructions for W-9 to determine if you are exempt from backup withholding)																						
5. Address (number, street, and apt. or suite no.)		For office use																				
6. City, state, and ZIP code																						
7. Taxpayer Identification Number (TIN) Enter your EIN <u>OR</u> SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).																						
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center; color: blue; margin: 0;">Social security number</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">-</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">-</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> </div> <p style="font-size: 24px; margin: 10px auto;">OR</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center; color: blue; margin: 0;">Employer identification number</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">-</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> </div>						-			-						-							
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<p><i>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.</i></p>																						
8. Certification Under penalty of perjury, I certify that: <ul style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien). <p><i>(For additional information about the W-9 see the W-9 Instruction, http://www.irs.gov/pub/irs-pdf/iw9.pdf or 1-800-829-1040)</i></p>																						
SIGNATURE of U.S. PERSON		Date																				
When completing on behalf of governmental entity, please print and sign your name below:		Date																				

STEP 5: Submit : PRINT, SIGN, DATE, MAIL TO:

SSPS Provider File Unit, PO Box 45346, Olympia WA 98504 or FAX to: 360-902-8268